MARGIN

V. S. No. 1.

N.B.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE

Village or City Welcome (No



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;----Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number it

FULL NAME Mary	Souman of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Colord Single, Widowed, Orbivorcep Orbivorcep Write the word)	18 DATE OF DEATH 26 ,1915 (Month) (Day (Year)
Multurme, 1869. (Month) (Day (Year)	that I last saw her alive on May 1915.
7 AGE if LESS than 1 day,	and that death occurred on the date stated above at 730 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Sugarantis Chr. nephritis
business, or establishment in which employed (or employer) BIRTHPLACE (State one country)	Contributory Secondary
10 NAME OF FATHER Bouncaru 11 BIRTHPLACE OF FATHER (State or country) Olcarle Or Md, 12 MAIDEN OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Clunk Co. M.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
(informant) Process Agriculture (informant)	if not at piace of death? Former or usual residence.
16 Filed July 27, 1915 - Ble Burnes	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Ilyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,



N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. S. No. 1.

1 1 6 0 0 1	PLACE OF DEATH 11550	
	O DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	ity Marcle	111
	of	Registration Dist. No.
Villa	ge or City ompleinsmall,	St.; Ward) [if death occurred in a hespital or institution.
	(PD:01.	give its NAME instead of street and number.
	² FULL NAME TULLIS C	Journan
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jer O DA	nale White Single, Widowe	Month) (Day) (Year)
O DA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) , 1 85	1 that last saw her ally on July 12 1915
7 AG		and that death occurred on the date stated above, at 2-5-7
	1 day, hrs.	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION O	
1) (2) Trade, profession, er ut home	Cronic depending
1 (1)) General nature of industry	
wh	sinoss, er establishment in ich emplayed (er empleyer)	(Buretlon) res mos 2 0 ds.
9 81	(State or country) Md.	Secondary (Durstlee) To secondary (Durstlee) To secondary
	10 NAME OF FATHER	(Signed) Alexander M. O.
ARENTS	11 BIRTHPLACE	7/14, 1015 (Address) Bel alton.
ENT	OF FATHER (State or country)	OSIATE THE DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
	of MOTHER Placette Lancaster	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
0	of MOTHER (State or country) Md.	At piece In the effect of death yes mes. de. State, yes mes. de.
	HE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not al place of death?
	(tuferment) G. a. Bowman	Former or usual radiosee
	(Address) Tompkinsville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO ST.
15	7/14 = 111 A no al.	20 ANDERTAKER APPRESS A
Fil	od Josephan	Lomas & Venn La Vata
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry; (o) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever, If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); spinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Lobar pneumonia, Bronchopneumonia of lungs menin-

regned in with

下村 专

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of or miscarriage as "Puerperal septichaemia," "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" "Atrophy," "Col-("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

URDAU, V.S. BUREAU, V.S. RECEIVED JUL1 6 1915

BINDIN ۵ 1 SERV C ARGIN

RECORD

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinocae

"Contributory." injury, as fracture of skull dent; Revolver wound of head-h such, if impossible to determine definit LENT DEATHS State MEANS OF INJURY which surgical operation was under mia," "PUERPERAL peritonitis, childbirth or miscarriage. etc., when a defi affection need not be stated unless important. ture of the America cause of death appro sepsis, by earbolic acid-probably suicide. Accidental drowning; Struck by rai ACCIDENTAL, SUICIDAL, OF HOMICIDAL, mus," "Old -Hagt thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) ma Always qual enile," etc.), "Dropsy," (R "Haemorrhage," "Inanition," "Maras. uck," "Uraemia," "Weakness," an be ascertained as the (name origin; "Can ciation.) death), 29 ee on Nomencian statement of resulting from "Exhaustion," SAL septichar-Never report the head of uences (e. g., ature of the Poisoned in_acciamples: use for bably d8.

If this certificate is i.e. or coroughly and all questions answered in detail, it went further correspondence. All the data is easy the certificate is permaned.

AUG 6 1915
BUREAU, V.S.

B. No. 1.

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County Charles County Charles County County County Roads (No.) PULL NAME Manuel Coan	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED,	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1915) (1915)
TAGE It LESS than 1 day,hrs. 1 day,hrs. 0 ccupation 1 day,hrs. 1 day,	and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH* was as follows: Charie Tiphritus Temps. (Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER STACK JOLSON 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MANY Rey 13 BIRTHPLACE	Contributory (Secondary) (Deration) (Deration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address)
OF MOTHER (State or country) States Sounty In 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Country Cou	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOWER CHARLES PROVAL 1919.

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of __ ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



1 PLACE OF DEATH

state Very

S

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

July (Month) 13, (Day) (Year) 1913 THEREBY GERTIFY, That I attended deceased from July 1915 to 16th July 1913, nat I last saw heralive on 16th July 1913.
7 I HEREBY CERTIFY, That I attended deceased from
1 of June 1915 to 16 the July 1913,
nat I last saw heralive on 16 the July 1913
nd that death occurred on the date stated above, at 12,5.9, m,
he CAUSE OF DEATH* was as follows:
1) Chronic articles
(a) Chronic Pleasing
(Duration) 3 yrs. 6 mos. ds.
Contributory Lauredy Word (Secondary)
Exprosure (Quration) 3 yrs. 6 mos. ds.
Signed) S & JB Collies , M. D.
ste July, 1915 (Address) 5/1 & SI-SE Wash, W.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
t place In the
t death yrs mos ds. State yrs mos ds.
Yhere was diseasa contracted, f not at place of death?

REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.M. No. 1.

., 191.5

DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not pald Housekeepers applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. nine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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MARGIN

S. No. 1.

RECORD carefully supplied. ACE should be stated EXACTLY. is that it may be properly classified. Exact statement UNFADING INK-THIS IS A PERMANENT stated EXACTLY. AGE WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION IS very DEATH in plain terms, so that it m See instructions on back of certificate. N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or institution, give Its NAME Instead of street and nomber.]

PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Lemial	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BII		that I last saw h alive on 191
7 AGE	Still born 1 day, hrs: yrs mos ds. OR min,?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profess particular kind of (b) General natural business, or es	sion, or f work	Bull born
	(or employer)	Contributory Secondary
(State	PLACE ATHER e or country) Lebarles lev ma	(Signed) Source Mos ds. (Signed) Source Mos ds. Sular 9, 1915 (Address) Source Mos
13 BIRTH OF MO	or country). Charles lei hid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. Slate yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address	Sa Claso md	PLACE OF BURIAL OR REMOVAL SATE OF BURIAL FILE ON DESTRUCTION ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucissis of lungs, meninges, peritongeum, etc., Carcin-

genital," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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CAUSE OF

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See Instructions on back

PHYSICIANS

RECORD

PERMANENT

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WITH

PLAINLY,

WRITE

1 PLACE OF DEATH 11555 Village or City 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED, (Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 0

St .: .Ward)

Ilf death occurred la a hospital or institution. give its NAME Instead ot street and number. I

MEDICAL	CERTIFICA	TE OF	DEATH	
16 DATE OF DEATH	7		27	, 1915
	(Month)		(Day	(Year)
17 [HEREB)	CERTIFY,	That I	ttended	deceased fro
7-26-1	915 to	> -	3	7 - 195
	2			
that I last saw h. Laza al	ve on		6	, 1915.
and that death occurred	on the date o	stated a	hove at	130h.
			DOTE, at	Manage Ly .
The CAUSE OF DEATH*	was as follo	ws:		

	nond	21	222	
	*****************	*************		1 hon
	(Duration	1)	yrs	mosd
Contributory Ch	oluna			-
Secondary.	The	any	hand	11771
	(Duratio	~//	waa	mos 5
· 90 n n 7 n n n n n n n n n n n n n n n n	(natatio	£ 1		
(Signed)	1.5	17/1	salv	74., M.
7-27,1915-		- //	Us s.	
			4	*****************
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	AUSING DEAT	H, or,	n deaths	from VIOLEN
TAL, SUICIDAL, OF HOMI	CIDAL.	x; and	(2) Wno	etner Accide
18 LENGTH OF RESIDEN	CE (FOR HOSE	ITALS 1	NSTITUTION	S TRANSIEN
OR NECENT HESIDENTS/				O' I HWHPIENI
At place		the State		
ot death yrs mos. Where was disease contracted.		31816	112	mos., d
If not at place of death?	,			
Former or		0 000 mm n n n n n n n n	*******	

19 PLACE OF BURIAL OF	REMOVAL		DATE OF	BURIAL
01.0	LINOVAL		1 0	
Shilo lem	elekil-		JANIA	127,191.4
20 UNDERTAKER	· //-	1 /	ADDRES	7
Me. 21. 1	1 11.	1 86	1/0	1
M. St. St	Valle)	4/	In	- side

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ORDIVORCEO (Write the word) DATE OF BIRTH (Day (Year) TAGE If LESS tha 1 day,hrs BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS (Informant) (Address) 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless Important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing dcath), 29 ds.; "Dropsy," "Exhaustion," For vio



BINDING FOR RESERVED MARGIN

B. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD V WRITE PLAINLY, WITH UNFADING INK-THIS IS m

Village or City Delicity PARTICITIANS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 193

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	(Month) (Day) (Year)
OR DIVERGED (Write the wordy	17 I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH	, 191 to, 191
(Month) (Day) (Year)	that I last saw halive on,191
AGE If LESS tha	and that death occurred on the date stated above, at 7
522 yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
OCCUPATION DS. DX. D	- fifth in the second second
(a) Trade, profession, er	ON BULLIOUS CONTRACTOR
particular kind of work	- CARGIAL GLARACE
usiness, or establishment in which employed (or employer)	(Duration) yrs. mos.
BIRTHPLACE	Contributory (Secondary)
(State or country)	(Deration) yrs mos
10 NAME OF	(Signed) I Lamond N
Mallison Farm	7/9, 1915 (Address) 7/9/16/18/18
OF FATHER (State or country)	State the DISELSE CAUSING DEATH OF In deaths from Violente
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID
OF MOTHER CONCENSION	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE OF MOTHER	Applace in the
(State or country)	deat yrs. ds. ds. state yrs. mes.
THE ABOVE IS THUE TO THE BEST OF AY KNOWLEDGE	not and to of death?
(Informant)	arme armed and armed arm
(Address)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUDI 630)	Hewkert Courter 7/10, 191)
Tiled July 8" 1915 L. S. Herbert	20 UNDERTAKER ADDRESS
REGISTRAR	Coll. Walsell Break

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing death-Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Hackerorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," by carbolic acid-probably savened in nature of the injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head—hom by earbolic acid—probable sector. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL etc., when a definite disease ca genital," "Senile," ture of the American Medical cause of death approved by Accidental drowning; Struck by rails ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg "Contributory." mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: uant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory tetanus) may be Always qualify all diseases (Recor (secondary or intercurrent) "Dropsy," "Exhaustion," Uraemia," "Weakness," be ascertained as the (name origin; "Can ociation.) State cause for ee on Nomenclaon statement of de; Poisoned nature of the Never report the head sulting from Examples: ain acctprobably tichar--010-01

If this certificate is looked over thoroughly and all questions answered in detail, it will revent further correspondence. All the data is essentiate and must be obtained before the certificate is permanently filed.

AUG 6 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PLANE OF DEAT

Indian Head in

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in

FULL NAME Henry Torres	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
That 4 COLOR OR RACE 5 SINGLE, MARKING OR DIVORCED (Write the word)	16 DATE OF DEATH July 23 ,1915 (Month) (Day (Year) 17
S DATE OF BIRTH MA Anoma, 1 (Year)	that I lost saw him alive on hily 27 1915
TAGE H 3 yrs 0 mos os or min.?	and that death occurred on the date stated above, at 60 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or facthy at India Hesa particular kind of work (b) General nature of Industry, Jahrny Ground, Ma- business, or establishment in which employed (or employer)	(Duration) 2 yrs o mos o ds.
9 BIRTHPLACE (State or country) Charles G Md. 10 NAME OF FATHER Hang Forest.	Contributory Torce . Secondary More . (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) La Plata, Charles Co, My. 12 MAIDEN NAME Comie More	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) Charles Co., Md.	OR RECENT RESIDENTS) At place In the of death yrs. most ds. State yrs, most ds Where was disease contracted.
(Informant) The state of the Best of My Knowledge	If not at place of death? Former or usual residence.
(Address) Immsey Ms. 16 Filed July 24, 1915: J. D. Marshall REGISTRAR	Penfect Cem file 25, 1915. 20 UNDERTAKER ADDRESS Penny End adams Indian Usas
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomofite engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopncumonia The contributory (Recommendations on statement of (secondary), 10 ds. Never report (secondary or intercurrent) State cause for



S. No. 1.

of OCCUPATION is very should PHYSICIANS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH

11558

Charles

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 10 8

Village or City Gaeeaut Green (No.	St.; Ward) [It death occurred is a hospital or institution.
2FULL NAME Jon Leges	Clased of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	but presented from affice that I last saw hall alive on 1910
7 AGE : It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Buration) yrs mos ds
which employed (or employer) **BIRTHPLACE* (State or country) **To NAME OF FATHER Buy: A. Gordonick**	Contributory to the Secondary (Doration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Jacous Mean Rud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Many & Church July 1914 20 UNDERTAKER ADDRESS
REGISTRAR	Cotherhand they having her

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Honsekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic merc symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canlujnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Measles (disease cansing death), 29 ds.; "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For VIO-



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PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
HIARE OF OLY Gray tow (No. 266	Registration Dist. No. [If death occurred is a hospital or institution give its NAME losteau of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH Company (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH SEC 24 Th (Month) (Day) (Year)	that I last saw here alive on July 14 1915
TAGE If LESS than 1 day,hrs. ORmin.? Cocupation (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3 m The CAUSE OF DEATH* was so follows: Remitting, malarent from f Level mith Congulton
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Clara Male	Contributory (Secondary) Contributory (Secondary)
10 NAME OF FATHER Shot Pyray 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF CA 11 MAIDEN NAME OF MOTHER 11 OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OLD OLD OLD OLD OLD OLD OLD OL	OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or
(Informant) (Address) Graylow 16 Filed Augle 1916 De-y Bothon fed or Recistrant	19 PLACE OF BURIAL OR REMOVAL Durhamarish Church Sunday (4) 1915 20 UNDERTAKER ADDRESS WM Definition Concession
If more blanks are needed, address State Registrar	, o m. stankin st., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) satesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scoticharinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County .. Registration Dist. N If death occurred in Ward) EXACTLY. P a hospital or institution, give its NAME Instead of street and number.] RECORD classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIEO, PERMANENT WIDOWED びとコロと (Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH shouid (Year) (Day) if LESS than TAGE date stated above, at AGE 1 day, hrs. OR mln.? 8 OCCUPATION supplied)(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 20 WITH 0 2 ARGIN pino important S 11 BIRTHPLACE F OF FATHER EA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME information Œ PA LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 13 BIRTHPLACE OF MOTHER (State or country) ы S Where was disease contracted. usual residence Every it OATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address 15 Filed 0 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Duy laborer, Form laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," fig railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere wound of



Important.

state

	PLACE OF DEATH	STATE
c	Sunty Charles	CERTIFIC
v	illage or City Ornoully (No.	St;
	FULL NAME Charles William	Jackson
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI
3 51	Calcurd Color of RACE Single, MARRIED, Deugle WISOMES, ORDINARCES—(Write the word)	16 DATE OF DEATH 10 The
6 D	ATE OF BIRTH	July 1915 1915
	(Month) (Day) (Year)	that I last saw h alive on
7 A	1 day,hrs.	and that death occurred on the d
1	yrsds. OR min. ?	(a) action of
(a)	CCUPATION) Trade, profession, or VIL	The Soldings
(b) bus	Ober the state of Industry, Iness, or establishment in Inches of Industry, Ich employed (or employer)	(a) Sums
	IRTHPLACE tate or country) Charles Ceruly, Me	Contributory Sul acu (Secondary)
	10 NAME OF Williams Juelloon	(Signed) S. A. B. A.
ENTS	11 BIRTHPLACE (STATHER (State or country) Charles Cy - Mo	*State the DISEASE CAUSING I
PARE	12 MAIDEN NAME Sadie Chase	CAUSES, state (1) MEANS OF INTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR
	13 BIRTHPLACE OF MOTHER (State or country) Charles Cy-Me	18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) Af place of death yrs mos ds
	(Informant) Jack Son Chase	Where was disease contracted, if not at place of death?
15	(Address) Popper or Sulf	Pomon & Co

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 10 (c

St;.....Ward)

[if death occurred in a hospital or institution, give ifs NAME instead of street and number.]

of sfreef and number.] FICATE OF DEATH (Month) (Day) FY, That I attended deceased from DEATH, or, in deaths from VIOLENT JURY; and (2) whether ACCIDEN-HOSPITALS, INSTITUTIONS, TRANSIENTS, In the Stafe yrs. ____ mos. ___ ds. DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

valvular heart disease; Ohronic interstitial nephritis. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



Very si NOI PHYSICIANS shou RECORD PERMANENT properly supplied pe UNFADING may 80 ō back terms, hould plain Instructions 드 1 50 Item Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) a hospital or Institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on, 191 (Mont) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: or min. ?mos,.... BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment in (Duration)yrs.... which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State Where was disease contracted. If not at place of death?-Former or usual residence DATE OF BURIAL 15 6 191J ADDRESS REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No. 1.

RECORD ENT EXACTLY PERMAN 4 Ш 0 INK supplied. PIT WRITE ŏ

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No OCCUPATION [If death occurred in .Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) (Day (Year) Write the word I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH 191 to (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at..... 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? proper BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry, business, or establishment in (Duration) may which employed (or employer) certificate. Contributory.... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 back 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INTERF, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 00 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. mos. Where was disease contracted. 14 THE ABOVE IS TO THE If not at place of death? 0 Former or OF usual residence... mportant. 19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are heeded, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping eough; Chronic cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The poure of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probabily LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy;" "Exhaustion," Never report cause for For vio-



V. S. No. 1.

	•	NS should state PATION is very
)	RECORL	PHYSICIA of OCCU
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.
	UNFADING	carefully suppli that it may certificate.
	WITH .	terms, so
1	WRITE PLAINLY	S.—Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.
2 2		Ä.

		PLACE OF DEATH 11564	STATE OF MARYLAND
	Go	unty Marles	CERTIFICATE OF DEATH
			Registration Dist, No. 103
	Vill	lage or City Owes Prode (No	St.; Ward) [If death occurred in a hospital or institution,
		FULL NAME Mary 6, 1	makk. give its NAME instead of street and number.]
ſ		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 51	Finale Following Single, Widowed Wrower, Orbivorce (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, that I attended deceased from
	6 D/	ATE OF BIRTH (\$\frac{10}{1841}	mong, 1915, to July, 1915,
1	7	(Month) (Day (Year)	that I last saw h alive on 191
ii.	7 AC	GE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
		yrs. 5 mos. or min.?	The CAUSE OF DEATH* was as follows:
		CCUPATION	Chr. mphuta
		Trade, profession, or ricular kind of work.	
	(b)	General nature of Indostry,	great annasca
1	whi	iness, or establishment in ich employed (or employer)	(Duration) yrs. mos. ds.
	9 81	(State or country) Charles Co, Md,	Contributory Secondary (Duration) yrs mos ds
		10 NAME OF FRENCH Quaid	(Signed) (Si
DAG	ENTS	11 BIRTHPLACE OF FATHER (State or country) Charles Co. Ind,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	PAR	12 MAIDEN NAME OF MOTHER Maddat	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
		OF MOTHER (State or country) Charles Or, Mid.	at place of death yrs mos ds. State yrs mos ds
	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	((Intermant) / Mulliam a, I nake	Former or
		Washington DC	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
	15	(Address)	Mangemory 3 abustch work der 1. 361 5-
	File	eduly 10 1915 Wm Bothompson	20 UNDERTAKER ADDRESS
1	-	GACAS REGISTRAR	10m to Shampooneash

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statemen the nature of the business or industry, and therefore at essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlvery important, so that the relative healthful-Never return "Laborer," As examples "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria, (avoid use of "Croup";) Typhoid fever (never prochopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculciss of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEAL STATE MEANS OF INJURY and qualify as accidental, Socidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which sur etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) The contributory Measles (disease causing death), 29 ds.; cal operation was undertaken. For vio-(secondary or intercurrent) Never report



V. S. No. 1.

County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 105
Village or City orner (No. , Mary &	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That Lattended deceased from
6 DATE OF BIRTH (Mostly) (Day) (Year)	191 to 191
TAGE Solution of the state o	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in	Cremature Buth (Buretton) yrs mos ds
which employed (or employer) 9 BIRTHPLACE (State or country) Md.	Contributory Secondary A Buration of the contributory
10 NAME OF FATHER SCHOOL SCHOO	(Signed) , M. 10. , 191 (Address) Confect Md. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
a Williams	SUICIDAL OF HOMICIDAL, SUICIDAL OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	At place tn the ef deathyrsmesds. State,yrsmesds. Where was disease contracted,
(Informant) ucy Shorter	it not et plece et death ?
(Address) Comfret md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 3 191 5
Filed 7/28, 1915 . a. Wheatly	29 undertaken illiams lomfret
If more blanks are needed, address tate Registrar,	16 W. Saratoga St., Bstto., Requesting V. S. No. 1.

1114.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Architect, Locomotive engineer, without more The question (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrousing always the same accepted liscase. Examples: Cerebrospinal

> mus," on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Astlienia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-MEANS OF INJURY and qualify as ACCIDENTAL, or misearriage as "Puerperal seplichaemia," "Old Age," "Shock," "Uracmia," "Weakness," by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere important. wound of

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

PEINED the certificate is permanently filed.

JEEAU, V AUG 1915

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Charles 11000 7 A	CERTIFICATE OF DEATH
County Carrier	Registration Dist. No. 100
Village or City News Maldel (No	St.;—Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME JAMES 16.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 23 , 191.5 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
TAGE (Month) (Day (Year) TAGE	that I last saw h slive on, 191, 191, 191, 191, and that death occurred on the date stated above, at m.
<u>J-9</u> yrs mos ds t day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	augiocaratio
business, or establishment in which employed (or employer)	(Duration My Montes 14.
9 BIRTHPLACE (State or country) Masy law	Secondary (Duration)
10 NAME OF Jashinan Marlin	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Manufact	*State the DISEASE CAUSING DEATH, or, in draths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country) Many Carel	At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) Talker del	Naula Crucking 7-24, 1915
Filed 7/24 1915' J.M. Stillarson Pegistran	Struct & Regar Haldors
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for-the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, . Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report



OCCUPATION RECORD PERMANENT classified. properly supplied. pe UNFADING 80 WITH terms. piein EATH 0 a Item P 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospifal or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day,hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Secondary (Duraflen) 10 NAME OF FATHER 10 back 11 BIRTHFLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) _____ yrs. ____ __ mos. ds. State Yrs. Where was disease contracted. If not af place of death? Former or usoal residence mportant. Every it 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal poritonitis," childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

C DEATH 12	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or CityWelcome (No.	Registration Dist. No. 1012		
² FULL NAME	a hespital or institution, give its NAME instead of street and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jemale Black Single, MARRIED, WIDOWED OR DIVORCE OR DIVORCE OF DIVORCE OR DIV	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on , 191 ,		
7 AGE If LESS than	and that death occurred on the date stated above, at		
yrs. mos. ds. OR mlo.?	The CAUSE OF DEATH * was as follows:		
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry	Still-Buth		
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country)	Contributory Secondary (Duralion) yrs. mos. ds.		
10 NAME OFFFRANK Marshall	(Signed) / James , M. O.		
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHERS	*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the		
(State or country) (State or country) (State or country) (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ef deathyrsmesds. State,yrsmesds. Where was dissese contrasted,		
(Informani) Hsund Marshall	If not at place of death? Former or usual residance		
(Address), Wilcome	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed , 191 BOB assues	20 UNDERTAKER AODRESS		
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, etc. If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") mqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scptichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," nound



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1 PLACE OF DEATH

County Charles	CERTIFICATE OF DEATH
VIIIage or City Inchescre Fleedono.	St: Ward) St: Ward) St: NAME instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
12 vv. 2 , 185.5	Sept 23 1915, to feely 10 1915.
(Month) (Day) (Year) 7 AGE It LESS than t day,hrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) 3 yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER Waller Swaves 11 BIRTHPLACE OF FATHER (State or country) Charles (State or country) 12 MAIDEN NAME OF MOTHER Anna Adams 13 BIRTHPLACE	(Signed)
(State or country) Clear Co 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MANAN MASON (Address) MANAN NEAD 16 Filed MANAN 191 S Praishold	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not et place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL ADDRESS.
if more blanks are needed, address State Revistrar, 6	R Frenklin St. Reito Powerting V S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosts of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senife," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Anample: Measles (disease causing affection need not be stated unless important. valvular-heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Examples:



Important.

Village or City Suport (No.	CERTIFICATE OF DEATH Registered No. 10 \$ St; Ward) St; Ward) [if death eccurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, MODOWED, WIGOWEL	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH July 29 4 , 1915
ORDIVORCED (Write the word) S DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Thurse Miles was form 191 that works him and home in Anyform
AGE Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, al 8/8 m. The CAUSE OF DEATH* was as follows: Own him & the Juny's Verret. Was that he dies from Malural Capacitales come America. Contributory of the survey. Contributory this truin about 1500 to 1800. The state of the st
10 NAME OF FATHER 11 BIRTHPLACE (State or country) WARNING OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WARNING OF MOTHER (State or country) WARNING OF MOTHER	(Signed) Surfice of the Preserve M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death wis. mos. ds. State yrs, mos. ds.
(Address) Acompate May Knowledge (Address) Acompate May Law (Address) Acompate May Law (Address) Lawfurt May Lawfurt May Law (Address) Lawfurt May Lawfurt May Lawfurt May Law (Address) Lawfurt May	Where was disease contracted in the state of

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

11569

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease causing death—in any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

valvular heart disease; Ohronio interstitial nephritis injury, as fracture of skul and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide, Potsoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purserent septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio "Contributory." (Recommendations of cause of death approved by Committee Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical A The contributory (secondary or intercurrent) tetanus) may be stated under the head sociation.) on Nomenciastatement of FOF VIO-

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 11570	STATE OF MARYLAND		
g of County Garles	CERTIFICATE OF DEATH		
NOO!	Registration Dist, No.		
Village or City would makelle, 2FULL NAME Picharel	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
meal White Single, Single, Windows, Single, Windows, Single, Windows, Windo	16 DATE OF DEATH 7 - 3 ,191.5. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
S DATE OF BIRTH April 25- (Month) (Day (Year)	7-3-, 1915, to 7-3-, 1915, that I last saw harman alive on 7-3-, 1915,		
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at		
BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE	Counting it up transfer to last the state of the last of the state of		
(State or country) Churles Co 10 NAME OF FATHER Willia Person	(Signed) (Duration) yrs mos ds. (Signed) J. R. Rhandon M. D. 7 - 4 , 1913 (Address) Many Siste		
OFFATHER (State or country) Churly Country of Mother Of Mother Hancel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the		
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	ot death		
(Address) Arms Registrar	19 PLACE OF BURIAL OR REMOVAL Abh mch Catholic Cenuty July 4 , 1915 20 UNDERTAKER ADDRESS A. A. Roma		
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V S No. 1		

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foremau," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." sepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



V. S. No. 1.

Cour	PLACE OF DEATH The Charles (5)	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Wayside (No.)	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Tale Black (Write the word)	16 DATE OF DEATH 7 - /7 - , 1915 (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from 191
7 AG	1 day, hrs.	that I last saw halive on, 191 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
O pa	CCUPATION a) Trade, profession, or rificular kind of work b) Concerning the content of the conte	never gazied sheights after frith miling same
_	IRTHPLACE (State or country)	Contributory Secondary
10	10 NAME OF Y. of Proctor	(Signed) (Signed) (Signed) (Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME () 0 1-10	State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Smicidal of Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place 2 Is the of death yrs. mas. de. State, yrs. mas. Where was disease contracted,
13.1	(Informant) H. F. Proctor	If not at place of dasth?
16	(Address) Tompkinsville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	100 2-18-, 1915 J. L. Higdon REGISTRAR	20 UNDERTAKER ADDRESS
V	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile jactory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mening unqualified, is indefinite).

genital," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (seeondary), 10 ds. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-uccident; Revolver wound of "Senile," etc.), The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," Never report mere "Exhaustion," important. ("Con-



should is PHYSICIANS shou RECORD statement ANENT classified. pe pinous properly М AGI supplied. pe may that 80 be terms, piain 2 EATH 0 Q OF Important. Every

certificate.

5

back

Instructions

Vary

1572 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:---Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RAGE WIDOWED, Marrie (Month (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF Month) (Day (Year) 7 AGE If LESS than and that death occurred on the dafe stated above, 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos..... 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duratice) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos.__ Where was disease confracted. If not af place of death?-Former or usual residence (Address). 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," thenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medleai Association. cause of dcath approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very F DEATH in plain terms, so that it masses instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain tarms, s

RECORD

A PERMANENT

Important.

11573

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 104

St.; Ward)

[It death occurred to a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX COLOR OR RACE Single, Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
8 — 19 , 17/4. (Month) (Day (Year)	that I last saw her alive on July 1644 1915		
7 AGE II LESS than 1 day,	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Syamting (Entir Gelili)		
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Pairthplace** (State or country) **Pairthplace** (State or country)	Contributory Secondary (Duration) yrs mos 26 ds		
10 NAME OF FATHER Shorter 11 BIRTHPLACE OF FATHER (State or country Chas. Cy. Chroling Carter of Mother Common Co	(Signed) yrs mos ds (Signed) A A A A A A A A A A A A A A A A A A A		
13 BIRTHPLACE OF MOTHER (State or country Chas. Co. Ind.	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death		
(Informant) Suddy Shorts	If not at place of death? Former or usual residence.		
(Address) Assure	lathous semestry DATE OF BURIAL		
Filed 7- 17 - 1915. J. L. Higher & D. D. REGISTRAR	20 UNDERTAKER ADDRESS		
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERITERAL perilonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles "Scnile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



7 . OCCUPATION RECORD PERMANENT properly certificate. 0

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Item OF

mportant. Every It

15

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

It death occurred in a hospital or institution. give its NAME instead ot street and number.]

DATE OF BURIAL

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIOOWED, .. (Year) OROIVORGEO I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at about 69 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or Housework particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. __ _ ds. State ____ yrs. ___ mos. Where was disease contracted. If not at place of death?-Former or

> REGISTA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid, Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupaary to know (a) the kind of work and also (b) If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) a Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICHAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Iverperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Seulle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of A PERMANENT RECCAD QNIONIB WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

14	1 PLACE	OF DEATH	11575	~/		STATE OF MA	ARYLAND
Con	County Charles			CERTIFICATE OF DEATH			
000	County			Registration Dist. No. 104			
Villa	age or City ² FU	Cooks	ey alex	and	ria /	Ween Ward)	[If death occurred in a hespital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3 SE	rale	Black	S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ingle	16 DATE OF DEAT	Month	
8 0%	ATE OF BIRT	н	une 25	1915	that I last saw h	, 191, te	tended deceased from , 191, , , , , , , , , , , , , , , , ,
	7 AGE (March) (Day) (Year) 1 t LESS than 1 day, hrs. or min.?			It LESS than day, hrs.	and that death occurred on the date stated above, at		
ructions o		re of Industry Iblishment in or omployer)	one		Contributory Secondary	Thrus Typicis (Buratos)	marsham and the most of the mo
- Se	State or coul	of all	nd.		(Signed)	(Ogration)	mee de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OTHER		md.	na	7-15-	DISEASE CAUSING DWATE, C.) MEANS OF INJURY; BICHICIDAL.	in deaths from Violent (2) whether Accidental,	
V 14 T	13 BIRTHP OF MOT (State	LACE THER or country)	md.	wood	OR RECENT RESI	DENTS) le thmee,de. Ste raeted,	6, INSTITUTIONS, TRANSIENTS, 18 18,
ATIO	(tafermant)	Maggi	e Wee	us	if not at place of death Former or wood residence	?	
OCCUPATIO	(Address	Walso	ide ma	4	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
0	ned 7	15 , 191 5- 5	J. L. Hig	don	20 UNDERTAKER		ADDRESS
	V	If more blanks	are needed, address Sta	te Registrar, 1	6 W. Saratoga St., B	alto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons Housemaid, etc. write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerbirospate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnyumonia," Lobar meumonia, Bronchopneumonia ("Pricumonia," Lobar meumonia, Bronchopneumonia of lungs Intifference of the procession of the

ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) The contributory (secondary or intercur-"Dropsy," "Exhaustion," acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unqualified, is indefinite); Tuberculosis of lungs Interior HA Bronchopneumonia ("Precumonia") WOV

AUG 4 1915
BUREAU, V.S.